



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 FRENCH LANDING, SUITE 300  
HERITAGE PLACE METRO CENTER  
NASHVILLE, TENNESSEE 37243-1010**

**AFFIDAVIT OF RETIREMENT  
FROM PRACTICE IN TENNESSEE**

PLEASE TYPE OR PRINT ALL INFORMATION IN INK.

I, \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

OF \_\_\_\_\_  
(STREET ADDRESS) (APT. #) (CITY) (STATE) (ZIP)

SOCIAL SECURITY # \_\_\_\_\_ HOME PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

WHO IS LICENSED TO PRACTICE AS A \_\_\_\_\_  
(GIVE THE TITLE OF YOUR LICENSE)

IN TENNESSEE UNDER THE LICENSE NUMBER \_\_\_\_\_ ISSUED ON \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

DO SOLEMNLY SWEAR THAT I HAVE RETIRED FROM PRACTICE AS THE PROFESSIONAL LISTED ABOVE IN THE  
STATE OF TENNESSEE ON THIS DATE \_\_\_\_\_,  
(MONTH) (DAY) (YEAR)

\_\_\_\_\_  
SIGNATURE OF LICENSEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

AT \_\_\_\_\_  
(CITY) (STATE)

NOTARY SEAL NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_